

Side B: must be completed by a qualified health professional and forwarded directly to CARNA from the health professional.

CARNA reviews applications and recommends reasonable and appropriate test accommodations for individuals with documented disabilities and a demonstrated need. The information below and any related documentation regarding this request will be treated confidentially by CARNA.

Please review Side A of this form, complete the information below, and forward both sides of this form directly to CARNA (contact information below).

1. I have known this candidate since: _____ in my capacity as _____
(date) (professional designation)

2. Please indicate the approximate date when the disability was first diagnosed and/or identified.

3. Please provide a brief history and description of the disability, including the functional limitations which would impact the candidate's ability to take the exam in the usual method and/or environment. Please attach a separate letter if needed.

4. Please confirm that the request(s) made by the applicant is/are necessary and appropriate, or recommend alternatives.

Name: _____

Signature: _____

Phone/Email: _____

Date: _____

If you have questions about this form, please contact the Exam Coordinator at 780.451.0043/1.800.252.9392